



Measures Applications Partnership - January Update

As part of pre-rulemaking activities, The NQF-convened Measure Applications Partnership (MAP) Post-Acute care (PAC) and Long-Term Care (LTC) Workgroup met in December, 2014 to review and provide recommendations on measures under consideration for five setting-specific federal programs including the End-Stage Renal Disease Quality Incentive Program (ESRD QIP).

The ESRD QIP is a pay for performance and public reporting program that aims to improve the quality of dialysis care and produce better outcomes for Medicare beneficiaries. Under this program, payments to dialysis facilities are reduced if facilities do not meet or exceed the required total performance score, which is the sum of the scores for established individual measures during a defined performance period. Payment reductions will be on a sliding scale, which could amount to a maximum of 2 percent per year. Facility performance in the ESRD QIP is publicly reported through three mechanisms: the Performance Score Certificate, the Dialysis Facility Compare website, and ESRD QIP Dialysis Facility Performance Information.

In prior years, MAP recommended expanding the program measure set beyond dialysis procedures to include cross-cutting and person-centered care measurement areas such as care coordination, medication reconciliation, functional status, patient engagement, pain, falls, measures covering comorbid conditions such as depression, and measures to assess the pediatric population. MAP also recommended exploring whether the clinically focused measures could be combined in a composite measure for assessing optimal dialysis care. Importantly, as the program evolves, outcome measures are preferred over structural or process measures.

This year, the MAP PAC/LTC Workgroup reviewed 7 measures under consideration for this program. The Workgroup conditionally supported the three dialysis adequacy measures under consideration as they addressed both adult and pediatric populations, favoring the composite measure over the individual measures to encourage parsimony. The Workgroup did not reach consensus on four measures that addressed cross-cutting measurement areas. These included two measures each for cultural competency and medication documentation, raising concerns about the data collection for both. The Workgroup considered both the reporting and outcome measures for each topic area, noting that the reporting measures provide an important first step to implementing the outcome measures. The Workgroup deferred those measures to the MAP Coordinating Committee to review and provide the final recommendations.

Upcoming milestones

Public comment on PAC/LTC Workgroup recommendations and report closed January 13. The MAP Coordinating Committee will meet on January 26-27, 2015. The meeting objectives are to:

- Finalize recommendations to HHS on measures for use in federal programs for the clinician, hospital, and post-acute care/long-term care settings
- Review and provide feedback on strategic guidance for implementing measures in clinician, hospital, and post-acute care/long-term care settings
- Examine cross-cutting issues affecting measure applications, including measurement gaps, alignment, and moving toward measures that matter